

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Adams, Jr. et al.
Serial No.: 10/539,890 Examiner: M.M. Patel
Filed: March 16, 2006 Group Art Unit: 2178
For: SYSTEM AND METHOD FOR ANNOTATING MULTI-MODAL
CHARACTERISTICS IN MULTIMEDIA DOCUMENTS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

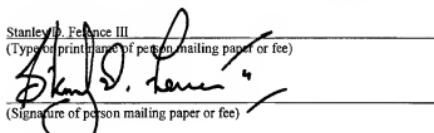
Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
OR
2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. Small Entity status of this application has been established by a verified statement previously submitted.
4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on January 16, 2009 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

ERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR920020357US2
(590.103)

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Total Claims	20	-	** 20	=	*	0	x	\$26	=
Ind. Claims	3	-	*** 3	=	*	0	x	\$110	=
<input checked="" type="checkbox"/> Multiple Dependent Claim Presented							+	\$195	=
								<u>TOTAL</u>	= \$ _____
								<u>R</u>	<u>TOTAL</u> = \$0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

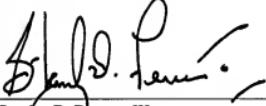
8. Applicant encloses herewith a check for \$0.00 to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$0.00 filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

ERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: January 16, 2009

Mailing Address:

Customer No. 47049
ERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile